

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.L.P.E. CLASSIFIER	DW	32	10/6
FORMALITY REVIEW	C.V.	5-503	8-6/11/10
RESPONSE FORMALITY REVIEW	STP	1110	8-29-1

INDEX OF CLAIMS

Rejected _____ N _____ Non-elected
 Allowed _____ I _____ Interference
 (Through summary) Cancelled _____ A _____ Appeal
 Restricted _____ O _____ Ousted

Claim	Filed	Original	Date
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If more than 150 claims or 10 actions
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